

CLARKE COUNTY BUILDING DEPARTMENT

101 Chalmers Ct., Suite B Berryville, Virginia 22611

1-540-955-5112

www.clarkecounty.gov

Fax: 540-955-5170

BUILDING PERMIT APPLICATION

Check One:	Residential Commercial	Government
Date of Application:	Permit #:	
Applicant:		
Property Owner (s): If different	t from applicant:	
Mailing Address:	Site Address:	
	Cell #:	
Email:		
Name:Address:City, State, and Zip:	anics lien agent be listed on my permit.	_
CONTRACTOR:		
	n VA state contractor's license):	
	State License #:	
	-	Specialty Class:
	County License #:	Expiration Date:
Phone #:	Cell #:	

PROJECT TYPE (check all that applies):	
Single Family Dwelling	
Repair	
Addition	
Detached Accessory – Accessory Type	
Attached Garage	
Demolition	
Renovation / Remodel	
Change of Use from to	
Swimming Pool	
Deck	
Porch	
Tenant Up-Fit	
Other	
DESCRIBE IN DETAIL THE WORK TO BE P	
Building Size (Dimensions):	
Total Sq. Footage of Living Space:	
Finished Basement Sq. Footage:	
Unfinished Basement Sq. Footage:	
Crawl Space (Yes or No):	Garage Size:
Foundation Type:	
Number of Stories:	Porch Size:
Number of Bedrooms:	
Number of Baths:	
Total # of Rooms (Excluding Baths):	
Exterior Wall Covering:	Pool Depth: Value of Pool:
	value of 1 ooi.

I, the applicant, certify that I am legally authorized to make this application and that all construction will be executed in accordance with the applicable provisions of the Virginia Uniform Statewide Building Code and all other applicable state and local laws. Applicant is: ____ Property/Building Owner ___ Owner's Agent Contractor/Contractor's Agent Signature Printed Name Phone # Date NOTE: If the permit applicant does not hold a Contractor's license issued by the Virginia Department of Professional and Occupational Regulation, submit a Contractor's **Exemption Affidavit.** THIS SECTION TO BE COMPLETED BY COUNTY STAFF **ZONING SETBACKS:** ZONING DISTRICT: ____ RIGHT ____ LEFT ____ REAR ___ WELL ____ REQUIRED: FRONT DRAINFIELD _____ _____ RIGHT _____ LEFT _____ REAR _____ WELL ____ PROVIDED: FRONT DRAINFIELD_ ZONING APPROVAL BY & DATE APPROVED: LAND DISTURBANCE PERMIT ISSUED BY & DATE APPROVED: _____ TAX MAP #: _____ MAGISTERIAL DISTRICT: ____ ACREAGE: ____ SUBDIVISION: _____ LOT #: _____ NEW STRUCTURE ADDRESS ASSIGNED BY & DATE ASSIGNED: _____ HEALTH DEPT APPROVAL BY/DATE/ID #/PERCED FOR: NOTICE OF ONSITE SEWAGE DISPOSAL LIMITATIONS RECORDED: _____ SOILS REPORT: BLDG CODE EDITION: USE GROUP: CONSTRUCTION TYPE:

OCCUPANCY LOAD: FIRE RATING: CENSUS TRACT #:



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CONTRACTOR'S EXEMPTION AFFIDAVIT

I am not subject to licensure as a contractor or subcontractor pursuant to Chapter 11, Title 54.1 of the Code of Virginia.

The basis for the claimed exemption is as follows:

- □ I am the building owner and not an owner-developer as defined in §54.1-1100. The owner will perform or superintend the work and receive no compensation.
- □ I am the building owner but the work will be performed by a contractor duly licensed by the Virginia Department of Professional and Occupational Regulation.

I, as the building owner, will be responsible for the work performed, and I shall be responsible for compliance with all state and local laws regulating building construction and use, and compliance with all local ordinances.

Print Name of Owner	Owner's Signature	Date
Print Name of Witness	Witness Signature	Date

** NOTE: THIS FORM IS ONLY USED FOR BUILDING/PROPERTY OWNERS ACTING AS THEIR OWN CONTRACTOR.

IF YOU ARE THE LESSEE OR AGENT AND NOT THE BUILDING/PROPERTY OWNER, A LETTER IS REQUIRED FROM THE BUILDING/PROPERTY OWNER STATING YOU HAVE PERMISSION TO OBTAIN PERMITS ON THEIR BEHALF.